Substitute for form 1449/PTO				Complete if Known		
				Application Number	10/696,389-Conf. #6398	
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l s	STATEMENT BY APPLICANT			First Named Inventor	Lawrence T. Boni	
				Art Unit	1615	
	(Use as many sh	eets as	s necessary)	Examiner Name	G. S. Kishore	
Sheet	1	of	1	Attorney Docket Number	TRA-008.01	

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Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> ( if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> ( <i>if known</i> )	Date MM-DD-YYYY	Applicant of Cited Document	Where Relevant Passages Or Relevant Figures Appear			
Examiner		/Gollamudi Kishore/		Date	03/26/2008			
Signature				Considered				

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NON PATENT LITERATURE DOCUMENTS								
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Examiner Signature		/Gollamudi Kishore/	Date Considered	03/26/2008				

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